Simplifying Insulin Management

Decreasing the burden of multiple insulin injections and blood glucose checks — and reducing the risk of hypoglycemia — has long been a goal in LTC, and it is addressed in the 2020 ADA guidelines with an algorithm for simplifying complex insulin regimens for older patients with type 2 diabetes. The algorithm proposes titrating the dose of basal insulin to a fasting blood glucose goal of 90–150 mg/dL (5.5–8.3 mmol/L) and adjusting mealtime insulin regimens, Dr. Pandya said.

If the mealtime dose is <10 U/dose, one can discontinue mealtime insulin and add a noninsulin agent. “Try to stop mealtime insulin if you’re using just 4, 6, or 8 units,” she said. If the mealtime dose is >10 U/dose, one could change mealtime insulin by first reducing the dose by 50% and adding a noninsulin agent, then continuing to titrate the dose of mealtime insulin down as the noninsulin agent is increased.

“The other thing we can do [to simply insulin management] is consider the use of a second-generation basal insulin such as degludec 200 U/mL or glargine 300 U/mL in those requiring high doses of basal insulin or who have wide fluctuations in glucose levels or hypoglycemia,” she said. “There seems to be less nocturnal and overall hypoglycemia [with such a change].”

The ADA’s algorithm for insulin regimen simplification incorporates the findings of a study described in 2016 in JAMA Internal Medicine (176:1023–1025), in which older adults receiving two or more insulin injections a day transitioned to once-a-day basal insulin glargine with or without noninsulin agents. Hypoglycemia decreased without compromising glycemic control.

To transition away from sliding-scale insulin (SSI) — another goal in PALTC — start by replacing it with basal insulin at about 50% to 75% of the total daily dose, Dr. Pandya advised. “And if there’s an existing basal insulin dose, add about 50% to 75% of the SSI total daily dose to that basal insulin dose.”

Although short-term SSI may be needed for acute illness — and is often used in the hospital setting — it is neither effective nor efficient in the LTC setting in patients who are stable. The Choosing Wisely initiative — a project begun in 2012 to raise awareness of unnecessary tests and procedures across specialties — incorporates the Society’s recommendation to not use SSI for long-term diabetes management in nursing homes (www.choosingwisely.org).

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risk management, and health system management.

In their study, Dr. Hirdes and his team used interRAI, a comprehensive assessment of strengths, preferences, and needs of varying populations. They found that interRAI assessments could estimate the prevalence of major COVID-19 mortality risk across care settings. For instance, in four different care settings, people with pneumonia have higher mortality rates than those without pneumonia. The mortality rates increase with major comorbidity count for individuals both with and without pneumonia, but the mortality effect is magnified within the pneumonia group.

In addressing COVID-19, Dr. Hirdes suggested that each setting has unique challenges, but most settings were not equipped to manage the challenges posed by the pandemic.

In a panel discussion on COVID-19 in AL during this session, Kevin O’Neil, MD, CMD, chief medical officer at Affinity Living Group, said, “We had infection control measures which we implemented, and we quickly established a COVID policy.” He added, “Staff is knowledgeable about isolation procedures, and we have prioritized PPE [personal protective equipment] for those providing care to infected residents. We have implemented social distancing for everyone, including staff; and we’ve terminated group activities.”

Affinity has been very careful about new admissions, and they aren’t sending residents with symptoms to the hospital until they have distress breathing. At the time of the Annual Conference, the community had one resident who had tested positive; that person was in isolation and doing well. Nonetheless, Dr. O’Neil said, “We are advising our teams not to get complacent. We are reinforcing the importance of aggressive measures every day. At the same time, we are urging staff to practice self-care, eat well, and get adequate sleep. It’s critical to pay attention to our teams.” He also stressed, “I’m communicating with practitioners and asking them to let me know if they have challenges or concerns. Communicating with people who have clinical expertise is essential.”

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